

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-092371**

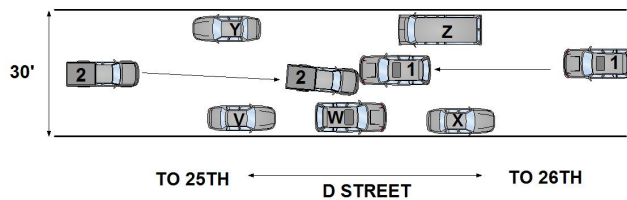


Indicate  
North  
by Arrow



**POI (APPROX.)**

**71' W OF W CURB OF 26TH ST.  
15' N OF S CURB OF D ST.**



**V, W, X, Y, Z = UNINVOLVED,  
PARKED VEHICLES**

*Not To  
Scale*

**PLACEMENT OF VEHICLES AND DEPICTION OF  
PARKED VEHICLES IS APPROXIMATE.**

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 rpts he was WB on D/26th-25th at unk speed but had just turned WB onto D from 26th when he "got distracted" when he heard a noise on his vehicle's roof. D1 rpts he did not see V2 coming and didn't realize V2 was there until impact when he "heard a noise and boom." D2 rpts he was EB on D/25th-26th and obs V1 turn to go WB onto D from 26th so he stopped and pulled slightly right so V1 could weave through the parked cars and go around him, but V1 continued straight and struck V2 head-on.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	4	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME									Driver No. 1	Driver No. 2	Pedestrian		
1				X	D									Y	Y	Y		
2			X		D									N	X	N		
1	01	06 Turning left				VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		BAC LEVEL				
2	11	08 Entering traffic lane				POINT OF IMPACT 08		POINT OF IMPACT 08		2 Deployed - side		2 Lap & shoulder belt used		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1 1		
					MOST DAMAGED AREA 08				MOST DAMAGED AREA 08				3 Deployed - both front/side		3 Shoulder belt only used		Driver No. 2 1	
					00 None				01				4 Lap belt only used		4 Yes - alcohol suspected			
					09 Top & windows				02				5 Child safety seat used		4 Yes - drugs suspected			
					10 Undercarriage				03				6 Child booster seat used		4 Yes - alcohol & drugs suspected			
					11 Total (all areas)				04				7 DOT approved helmet used		5 Unknown			
					12 Other				05				8 Costume helmet used					
									06				9 Restraint use unknown					
													VEHICLE 2					
													4 5					
													4 5					

OFFICER NO. <b>877</b>	TROOP/ TEAM/ BEAT <b>4</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Jennifer Hurley</b>	INVESTIGATOR SIGNATURE <b>Approved by Officer Jennifer Hurley</b>	DATE OF REPORT <b>10/05/2015</b>	